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## MULTIPLE DELENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED			TER ndment	AFTER 2 MAMENDMENT	
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TOTAL CLAIMS	24					

PTO - 1360 (REV. 11/04)

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TOTAL CLAIMS	FOTAL DEP.		<b>(-</b>		<b>+</b>		<b>+</b>
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